



Please read instructions on reverse before completing form.

 <div style="display: inline-block; text-align: center; margin-left: 10px;"><b>United States</b> <b>Environmental Protection Agency</b> Washington, DC 20460</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"><input type="checkbox"/> Registration</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 2px;"><input checked="" type="checkbox"/> Amendment</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 2px;"><input type="checkbox"/> Other</div>	OPP Identifier Number
<b>Application for Pesticide - Section I</b>			
1. Company/Product Number 100-1623		2. EPA Product Manager Emily Schmid	
4. Company/Product (Name) A21472 PLUS VAPORGRIP® TECHNOLOGY (ABN: Tavium Plus VaporGrip Technology)		3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) Syngenta Crop Protection, LLC P. O. Box 18300 Greensboro, NC 27419  <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:  EPA Reg. No. _____ Product Name _____	
<b>Section - II</b>			
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Amendment - Explain below.  <input type="checkbox"/> Resubmission in response to Agency letter dated _____  <input type="checkbox"/> Notification - Explain below.</div><div><input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application.  <input type="checkbox"/> Other - Explain below.</div></div>			
<p><b>Explanation:</b> Use additional page(s) if necessary. (For Section I and Section II.). Syngenta Crop Protection LLC is submitting a supplemental label to EPA for A21472 Plus VaporGrip® Technology (EPA Reg. No. 100-1623; Alternate Brand Tavium® Plus VaporGrip® Technology). The state of Iowa has requested that the following conditions restrictions for all dicamba product registrations for the 2022 growing season This is being submitted as a fast track label amendment and therefore a PRIA category, fee, and timeline are not applicable.</p>			
<b>Section - III</b>			
1. <b>Material This Product Will Be Packaged In:</b>			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
<i>*Certification must be submitted</i>		If "Yes" Unit Packaging wgt. No. per Container	If "Yes" Unit Packaging wgt. No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 2.5 gal	
		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled</div><div><input checked="" type="checkbox"/> Other <u>Pressure Sensitive</u></div></div>			
<b>Section - IV</b>			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Amy McCaskill		Title Senior Regulatory Manager	Telephone No. (Include Area Code) (919) 545-4986
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Senior Regulatory Manager	
4. Typed Name Amy J. McCaskill		5. Date 2/1/2022	

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.

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